



Academic Promotion for Clinician-Educators

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- <http://senate.usuhs.mil/senate.html>
- Academic Medicine September, 2000



Disclaimer

- These slides provide an overview of academic promotion in the Clinician-Educator Pathway
- Individual faculty members should review the 1100 document, and review expectations and develop plans with Departmental leadership (Division Directors, Vice Chairman, and/or Chairman)



Goals

- Define Clinician-Educators (CE)
- USU model for CE promotion
 - Scholarship for CE
- Summary



USU Model for CEs

Review of USU 1100

- Tracks
- Expectations
 - Scholarship, Teaching, Prof Service, Citizenship
- Pathways/Ranks
- Promotion Criteria
- Process for Appointment and Promotion
- What You Should Do

<http://senate.usuhs.mil/senate.html>

WRAMC Medicine S drive subfolder



Moving from Asst to Assoc Prof Clinician-Educator, Non-Tenure

Assoc

Prof

Basics

- > 4yrs clinical teaching
- Excellence Teacher
- Innovation/Reputation “beyond Institution”

Asst

Prof

Scholarship

- Teaching
 - Level 2
- Application
 - Diligence/excellence in pt care
- Prof Service
 - Institution/broader
- Citizenship

Supporting

- Documentation of Teaching Roles
- List of work/products
 - Pubs, Materials
- Letters
 - 2 internal (DOM)
 - 1-2 External
- Portfolios



Moving from Associate to Professor

Clinician-Educator, Non-Tenure

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Basics

- > 3 yrs as Associate
- Substantial contribution (papers, texts)
- International Reputation
- Recognition (editorial positions, visiting prof)

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Scholarshi

- “Outstanding achievement” in Teaching (Level 3) and Application
- Dissemination of work
- Close review of writings and professional communication
- Evidence of community impact

Supporting

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 - 5 letters
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Faculty Tracks

- Tenure: civilian, full-time
- Non-tenure: uniformed, some civilian



Pathways in Non-tenure Track

– **Clinician-Investigator**

- Education, Research, Clinical, Prof service

– **Clinician-Educator**

- Education, Clinical, Professional service

– Research prefix: focus = science



Pathways

Clinician-Investigator

“In addition to documentation of research activities, individuals in this pathway must be an integral component of the department’s clinical and teaching programs.”

1100:5.5.1



Pathways **Clinician-Educator**

“...must be an integral component of the department’s clinical and teaching programs...encouraged to assume administrative responsibility for medical education and related clinical activities...”

1100:5.5.2



Expectations

Qualifications for Faculty

Membership

- **Scholarship**
 - Peer Review
- **Teaching**
- **Professional Service**
- **Institutional Citizenship**



Scholarship (Boyer)*

- Discovery (original, disciplined research)
- Integration (innovative thinking which combines and connects various disciplines)
- **Teaching** (communicates understanding)
- **Application** (engagement with society, building bridges between theory and practice)

Scholarship Reconsidered: Priorities for the Professorship,
Carnegie Foundation, 1990.



Scholarship in Teaching

Fincher R. et.al. Acad Med. 2000;75:887-94.

- “Teaching...can be scholarly if appropriate evidence is presented to show that defined standards have been met.”
- Products: Web-based materials, textbook publications, curriculum units or teaching modules, CME presentations, curricular change, community education
 - **Challenge: provide the evidence it's scholarly**



Elusiveness of Scholarship of Teaching

Glassick CE. Acad Med. 2000;75:877-90.

- To be scholarship, work (teaching) must:
 - Be made public
 - Be available for peer review and critique according to accepted standards
 - Be able to be reproduced and built on by other scholars

Schulman L. The Scholarship of Teaching. Change. 1999;31(5):11.



Peer Recognition of Scholarly Activity (1)

- original manuscripts, review articles, case reports, books, chapters
- principal authorship or significant contribution to position papers, field manuals, practice guidelines
- patent applications
- acquisition of external funding

1100:7.2.1



Peer Recognition of Scholarly Activity (2)

- invited presentations (meetings, other institutions)
- institutional utilization of educational materials
- service on study sections, research review boards, editorial boards, reviewer

1100:7.2.1



Peer Recognition of Scholarly Activity (3)

- election to learned societies, organizational awards
- selection as military specialty consultant
- selection as teaching chief, residency director, educational director

1100:7.2.1



Expectations_ Qualifications for Faculty Membership

- **Scholarship**
 - Peer Review
- **Teaching**
- **Professional Service**
- **Institutional Citizenship**



Teaching

- **Level 1**
 - Individual Classroom, Departmental
- **Level 2**
 - Institutional Teaching
 - Grand rounds at other institutions, regional CME, new curriculum, course/residency director
- **Level 3**
 - Disseminated, well-recognized
 - Beyond parent institution
 - Publications, grants, visiting scholar, national educational activities (RRC, re-certification)

1100:7.3



Professional Service

- Scholarship of Application
- Service to uniformed service, fed depts
- Professional, Educational, Scientific, or community organizations at local, state, national, or international levels

Common Aspect of Scholarship of Application

–**Dissemination** of useful, testable, reproducible information to others



Institutional Citizenship

- Administrative, committee involvement



Faculty Ranks, Promotion



Faculty Ranks

- Teaching Fellow
- Instructor
- Assistant Professor
- Associate Professor
- Professor



Assistant Professor

- Full-time staff physicians (including GIM Fellows and “Chief Residents”)
- Active participation in core teaching:
 - Precepting, attending on general medicine ward, student in clinic, ICMs
- Recommendation of Chief
- Structured CV
 - <http://www.usuhs.mil/med/sampleCV.htm>



Associate Professor of Medicine (Non-Tenure, Clinician Educator)

- Criteria for assistant professor PLUS
- Sustained involvement in clinical teaching (> 4 years, 7 typical)
- Documented excellence as teacher
- Innovation, reputation in education
“...evidence of an established reputation beyond the parent institution”



Associate Professor of Medicine (Non-Tenure, Clinician Educator)

- Scholarship of Teaching: “Level Two”,
extra-mural:
 - Grand rounds at other institutions, regional CME,
new curriculum, course/residency director
- Scholarship of Application: diligence and
excellence in patient care - clinical
knowledge and humanistic skills should
be described in supporting letters



Associate Professor of Medicine (Non-Tenure, Clinician Educator)

- Professional service: institution and broader
- Institutional Citizenship
 - Leadership of or major contributions to SOM and/or their hospital committees



Professor

- “Outstanding achievement in the two areas of scholarship”
- “Dissemination of their work through a close evaluation of their professional writings and other forms of professional communication... evidence of ‘community’ impact”



Professor

- Criteria for associate professor PLUS
- Greater contribution to field (papers, texts)
- Letters (non-tenure 5; tenure 6)
- International reputation
- Recognition (editorial positions, visiting professorships)



Appointment Process

Assistant Professor

- Physician Discusses with Hospital Chief
- Preparation of CV
- Recommendation to Chair, DOM, USUHS by Hospital Chief , or
- Recommendation by USUHS Clerkship/Course Director
- Approval by Hospital Commander
- Chair submits to Dean



Promotion Process

Associate Professor and Professor

- Initiation (individual or dept review)
- DOM Executive Committee Review
 - Productivity, time in grade
- Candidate's Responsibility
 - References and personal statement
- Chair's Responsibility
 - Collate for CAPT, Board of Regents



Supporting Materials (1)

- Documentation of teaching roles
 - quantity
 - quality
 - “level” (designing and planning)
- List of written work, products
 - publications
 - curricular materials



Supporting Materials (2)

- Letters of Support
 - internal (2) and external (1-2)
- Portfolios
 - teaching (critiques, awards)
 - documents of mentoring (abstracts)
 - curricular materials



Teaching Portfolio

- Awards and citations
- Recommendations for awards
- Educational products, materials
- Clinical projects - what role did you play?
- Copies of articles, abstracts

1100:7.3.1



Teaching Portfolio (2)

- Critiques of teaching (peer and student)
- Courses taught, curricular materials
- Electronic teaching materials/simulations
- Individuals mentored

1100:7.3.1



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What Should You Do?

- Choose a Track(s)/Pathway
- Choose an Area for Productivity
- Find a Mentor
- Keep a Portfolio (Document **EVERYTHING**)
- Seek Responsibility
 - institutional
 - national organizations



Steps You Can Take

- Look at the APT document (1100)
<http://www.usuhs.mil/asd/1100SOM.pdf>
<http://www.usuhs.mil/asd/1100.pdf>
- Decide your strengths, interests
 - “cluster your CV”
- Pick projects, collaborators
- Allocate 1/2 day twice a month



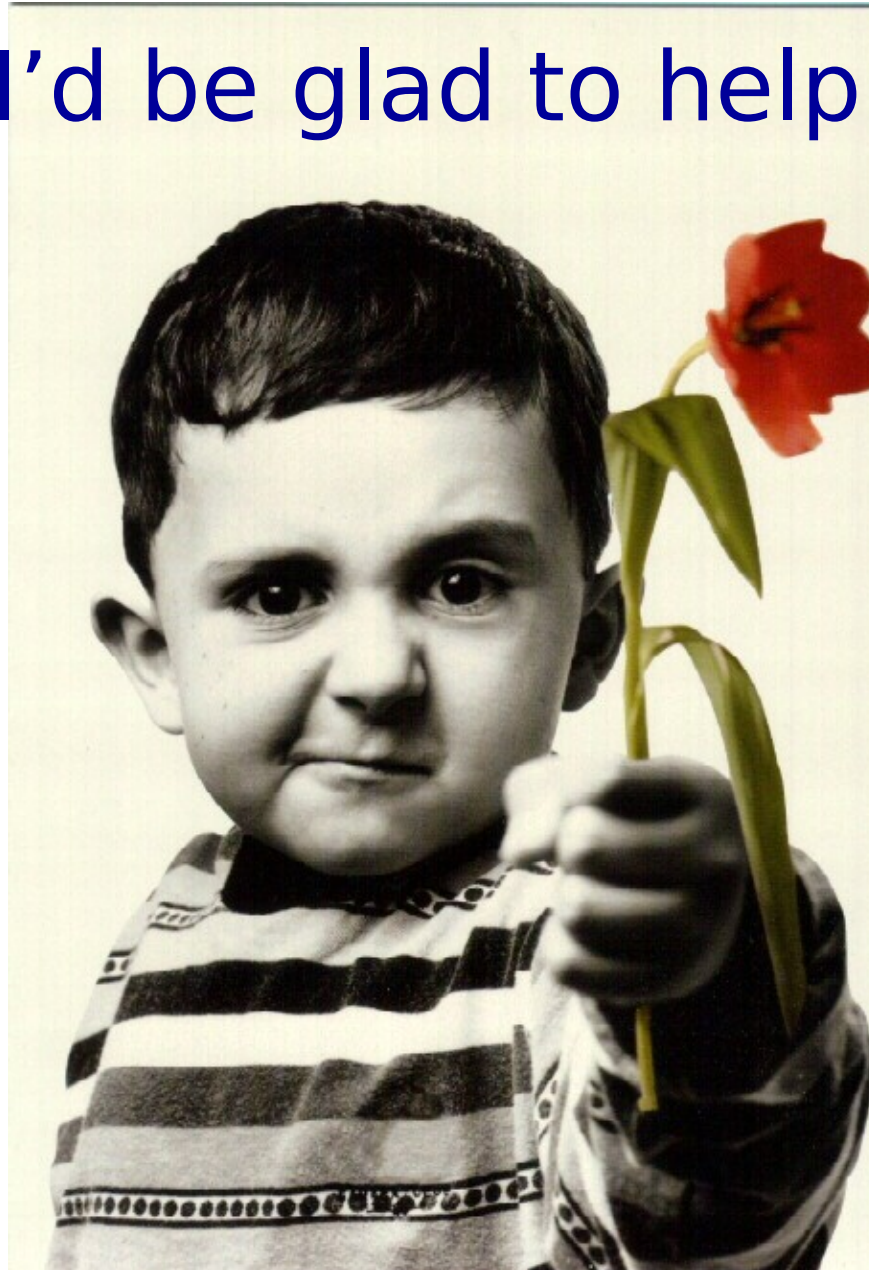
Organize Your CV

- Keep current (and dated)
- Keep headings clear
- Group your activities
- Separate publications by type
- Delete “old” abstracts?
- Don’t list your CME!

**[http://www.usuhs.mil/med/sample
CV.htm](http://www.usuhs.mil/med/sampleCV.htm)**



I'd be glad to help!





WRAMC Medicine S Drive: USU Appt Promotion Tenure Documents

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Promotion Criteria for CEs

JGIM 2003;18:711-716

- Survey of DOM Chairs; 82% response
- What do Chairs emphasize for CEs?
 - **Teaching Skills** (awards, trainee evals)
 - **Clinical Skills** (peer/trainee evals)
 - Agrees with Promotion Cte Chairs*
- Expected publications: 5
 - “Make it count twice”--Levinson

*Beasley BW, Wright SW. JAMA 1997;278:723-28



Promotion Criteria for CEs: **DOM Chair recommendations**

- Document/track ALL activities
- Achieve reputation for excellence
- Publish all scholarly activity
- Mentor: set and meet goals
- Develop area of expertise
- Be involved in research
- **Get involved in promotion process**
- Develop curricula or other educ projects



Looking Forward to Promotion

Prospective Study of Promotion in Academia JGIM 2003;18:705-10

- 183 assistant professors in DOMs
 - 58% CEs, 34% CIs
- 75% CEs felt had to produce research
- Seen written promotion criteria
 - 51% CE, 72% CI
- CIs met regularly with Division chiefs
- > 10% protected time for scholarship
 - 37% CE, 79% CI



Looking Forward to Promotion What Matters?

- CE
 - Clinical Research
 - Written Scholarship
 - Reputation
 - Teaching Skills
 - Curric Development
- Chairs of CAPT
 - Teaching skills
 - Clinical Skills
 - Mentoring
 - Coord Programs
 - Reputation

Why the Differences?

CE: don't know criteria?

CAPT Chairs: politically correct?



Definitions

- **Clinician Educator**
 - Primary: pt care/teaching
 - > 50% time teaching; < 50% pt care w/o learners
 - Research usually educational
- **Clinician Investigator**
 - > 50% time research
 - < 50% time pt care w/o learners
 - > 50% salary from grants

Beasley BW, Wright SM. JGIM 2003;18:705-10



Looking Forward to

Promotion

Recommendations

- Teaching portfolio
 - Any/all data related to teaching
- Effectiveness as a clinician
- Know what is expected for promotion
- Mentors
- Meet with division chief every 6 months
- Create environment for scholarship



Teaching Portfolios

Acad Med. 2004;79:783-90

- Aspects
 - Personal statement/philosophy for context
 - Summarize major accomplishments/activities
 - Summarized evidence regarding quality and effectiveness of activities
- Teaching scholarship is “incomplete unless communication to peers and other scholars occurs...” (Beattie, Acad Med. 2000;75:871-6.)



“Teaching Fellow”

- **Residents: PGY 2, 3**
- **Ward supervision of Students**
- **Recommendation of Chief**
- **Brief CV**



Instructor

- Fellows*
- Teaching in Clinic, Consult Service, or Physical Diagnosis
- Recommendation of Chief or Service Chief
- CV

***not GIM fellows**



USUHS DOM Faculty **Review**

- Yearly faculty review by exec committee
- Teaching (activity sheet, student/resident critiques)
- Scholarship (CV)
- Service Contribution (school and hospital committees)



Integration of Clinician-Educators

Levinson W, et.al. Acad Med. 2000;75:906-

12

- Problems with current recognition system
 - Reg/natl reputation requirement is unfair
 - Lack of valid measures of teaching/pt care
 - Lack of training opportunities
- Solutions
 - Clinician-Educator Researcher Pathway
 - Drop reputation and publication requirement



Faculty Tracks

- USU no longer has “modified” titles, such as Associate Professor of Clinical Medicine”
- Tenure and non-tenure tracks have same title Associate Professor of Medicine (except for those with “prefixes”)



Level 1 Teaching

- “Ability to provide the effective transfer of knowledge and/or skills to medical, graduate, postdoctoral students, postgraduate physician trainees, faculty, other members of the scientific and medical community and the general public”
- “Ability to show students how to think critically and purposefully, broaden the students areas of interests, and most importantly encourage and help develop the skills for self-learning”
- Department teaching involving:
 - Presenting series of lectures covering one or more topics
 - Primary instructor in a course, advising students, attending or precepting on inpatient or outpatient service, mentoring students and fellows, seminar or journal club organizer, small group or laboratory teacher
 - Coverage of specified curriculum content and of the standard teaching load of the department
 - Meritorious teaching evaluations from students and peers



Level 1 Teaching

- **Department teaching** involving:
 - Presenting series of lectures covering one or more topics
 - Primary instructor in a course, advising students, attending or precepting on inpatient or outpatient service, mentoring students and fellows, seminar or journal club organizer, small group or laboratory teacher
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 - Meritorious teaching evaluations from students and peers



Level 2 Teaching

- Development/redevelopment of teaching materials for students, continuing education courses and/or faculty training
- Writing clinical case material for teaching
- Successful supervision of postgrad students and willingness to supervise major honors postgrad research projects
- Invitation to present Grand Rounds/seminars at primary departments and other institutions
- Invitations to present courses outside of primary dept
- Written documentation of novel techniques in teaching on the delivery of care
- Leadership roles in teaching (course director, residency or fellowship director)



Level 2 Teaching (2)

- Consistently receives outstanding teaching evaluations or teaching awards, recognition as outstanding role model for students
- Develops innovative teaching methods such as educational software, videotapes, packaged courses, or workshops
- Provides continuing education at local and national meetings
- Develops new educational materials
- Successfully runs regional continuing education courses
- Creates a new course or curriculum



Level 3 Teaching

- Evidence of peer review and acceptance of new or integrated knowledge through the dissemination of the results
- Publishes articles on health professional education with emphasis on hypothesis-driven research
- Develops educational material in media other than print (video, computer programs, Internet) that demonstrate expanded peer recognition through utilization by institutions, educators, and clinicians outside of the USUHS.



Level 3 Teaching (2)

- Receives favorable peer reviews or significant adoptions of innovative published or circulated instructional material.
- A strong record of publications in health professional education including but not limited to methodology, outcome assessment, competency, and curriculum reform.
- Evidence of systematic experimentation on, or scholarly analysis and evaluation of alternative and innovative teaching approaches or materials, such as the development of inclusive curricula.
- Peer reviewed grant funding.
- Provides educational leadership by writing syllabi, textbooks, or assuming an institutional level policy making administrative role.



Level 3 Teaching (3)

- Consistent participation in national educational activities (e.g., Residency Review Committee, programs sponsored by professional organizations, re-certification, workshops and symposia).
- Invitations to be a visiting scholar at another institution.
- An established reputation beyond the institution as an innovative educator as evidenced by external letters of reference and invitations to lecture or demonstrate at national conferences on teaching, organizing national meetings, serving as a national consultant. on editorial boards of journals or to serve on national or international committees on teaching, curriculum, or evaluation.



Tenure Criteria

- Scholarship
 - publications, expertise, reputation
 - grants
- Contributions
 - teaching
 - service
- USU is typical in tenure rules



Associate Professor of Medicine (Tenure)

- “...will have demonstrated the clear capacity for sustained achievement and productivity in three of the four areas of scholarship.”
- “...evidence of an established reputation beyond the parent institution within the discipline...area...specialty”



Associate Professor (Tenure)

- criteria for assistant professor PLUS
- sustained productivity as a scholar (papers, grants) over several years (4 - 8yrs.)
- national reputation
- supporting letters (tenure ≥ 4)
- personal letter on theme of scholarly work



Research Portfolio

- papers, abstracts
- your contribution (if not first author)
- grant proposals
 - ratings if unfunded
- documentation of reviewer, directorial status



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Criterion	Lecture r	Clinical Preceptor	Small Group	Educ Admin
Clear Goals				
Adeq Preparation				
Appropriate Methods				
Significant Results				
Effective Presentation				
Reflective Critique				



Elusiveness of Scholarship of Teaching

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Scholarship of Application

Shapiro ED, Coleman DL. Acad Med.
2000;75:895-8.

- Application of clinical expertise does not constitute scholarship; it is when
 - Systematically assess effectiveness of techniques
 - Communicate it to allow others to benefit
- Service is scholarship when
 - Assess pt satisfaction and communicate it
- Common Aspect of Scholarship of Application
 - Dissemination of useful, testable, reproducible information to others



Scholarship of Application

Shapiro ED, Coleman DL. Acad Med.
2000;75:895-8.

- Problems
 - Form of scholarship held in lower esteem
 - Lack of training
 - Lack of available funding, protected time
- Opportunities
 - Already trying to assess Practice Based Learning, Systems Based Practice
 - Report methods used
 - “Make it count twice”